

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Rural Health Program

**STATUTORY AUTHORITY:**

Public Health Services Act P.L. 101-597 SEC 338J

**GRANT PROGRAM NO.** 07-71-RHP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The objective of this program will be to maintain a clearing house on Rural Health information; to coordinate all activities statewide which impact on Rural Health; to identify federal and state programs regarding Rural Health and provide technical assistance to public and nonprofit entities; and to promote the recruitment and retention of health professionals to work in rural areas.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$150,000 is available in SFY 2007 to fund a single award. The award will begin on or about July 1, 2006 and will be made for a twelve month budget period with a project period of up to three years. Continuation awards will be made based on satisfactory progress and availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Nonprofit agencies incorporated within New Jersey with the ability to provide statewide representation to all rural constituents. Applicants with a successful history of managing the State Office of Rural Health will be given preference.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated history and understanding of health needs in rural areas of New Jersey. These issues include access and actual service delivery. See criteria outlined in the Request for Application (RFA) for additional qualifications.

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**APPLICATION PROCEDURES:**

1. Contact the Office of Primary Care on or about March 1, 2006.
2. Prepare a New Jersey Health Services grant application.

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**FOR INFORMATION CONTACT:**

Office of Primary Care  
Division of Family Health Services  
50 East State Street  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-1495

**FAX:** (609) 292-3580

**E-MAIL:** carleton.lee@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application to be received by May 1, 2006

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant notified by June 1 for a start date of July 1.